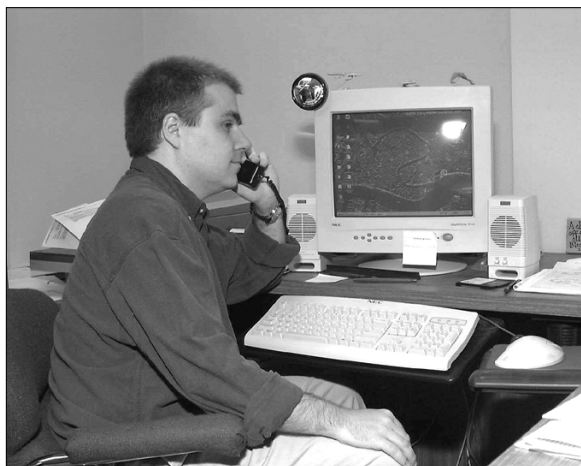




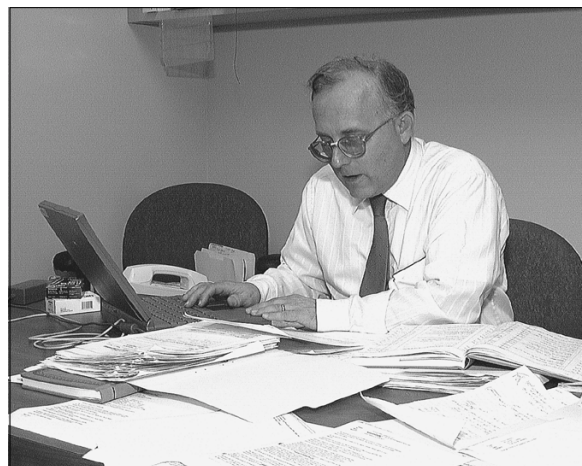
## State Health and Emergency Officials Urge Public to Remain Calm



### EPIDEMIOLOGIST

Hans Messersmith (left) and ISDH Microbiology Laboratories Manager Tom Cronau (right) are among the ISDH staff who have experienced an increased workload in the past several weeks because of public concern about anthrax and bioterrorism. To date, none of the samples tested by the ISDH Labs have been positive for anthrax.

Photos by Daniel Axler



Reports of suspicious packages and letters from people concerned with the recent detection of anthrax in New York City, Washington, D.C., and Florida are taxing emergency responders to their maximum capacity.

The Indiana State Department of Health Laboratory is facing the challenge of testing the numerous samples received in recent days.

Greg Wilson, M.D., State Health Commissioner, and Patrick R. Ralston, Executive Director of the State Emergency Management Agency (SEMA)/Department of Fire and Building Services, issued several recommendations for concerned citizens.

The most important thing they urged is to stay calm. For anthrax to affect a person, the organism that causes the disease must be inhaled as a fine aerosolized mist, be swallowed, or get into a cut or abrasion on the skin.

Wilson emphasized that for anthrax to be an effective weapon, it has to be aerosolized into very small particles and inhaled in larger quantities, something that is difficult to accomplish.

"In addition," Wilson said, "prompt medical attention and treatment is very effective."

Ralston said, "The terrorists' goal is to induce fear, rather than physical

damage. The flood of false alarms causes more disruption and public health problems than the attacks themselves."

Samples sent to the State Laboratory have included foot powder found

### ISDH Anthrax Tests

From October 11 to 24, the ISDH Laboratory received 377 samples to test for anthrax. All of those samples are either completed or in the process of being completed. All of the completed samples tested negative for anthrax.

in an Indiana University restroom and laundry detergent leaking from a package at the Anderson Post Office, which took valuable lab personnel time.

If a person receives a suspicious package that may contain chemical or biological substances the State Department of Health and SEMA suggest:

- Do not open suspicious packages.

- If the package has been opened but is not leaking, place it in a sealed container.
- If there is leakage, cover the package and stay in the room to prevent spreading the substance.
- Wash hands well with soap and water.
- Contact local law enforcement and follow their instructions.
- Testing of exposed persons is not needed. The suspicious substance will be tested, if necessary, to determine if treatment will be needed.

Anyone who makes an anthrax threat violates state and federal law. Wilson and Ralston said the threat of bioterrorism is a serious offense and will be investigated thoroughly and prosecuted.

### New CDC Public Response Hotline Added

Concern for health and safety after the events of September 11 has prompted many members of the public to call the CDC. A toll-free CDC Public Response Hotline has been established. All public callers should be referred to the following numbers:

**English - (888) 246-2675**

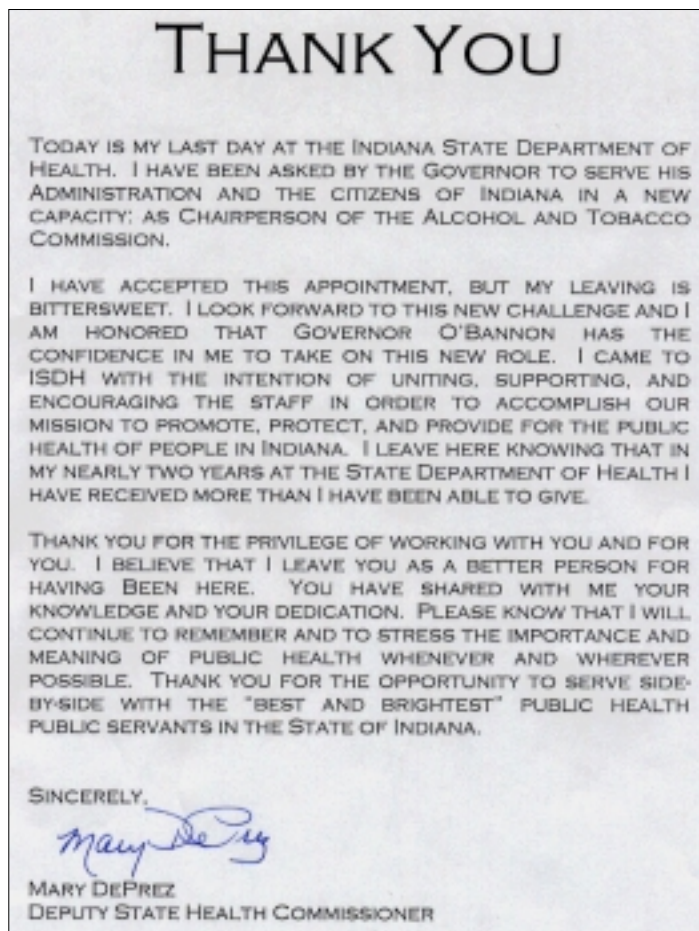
**Español - (888) 246-2857**

# Deputy Health Commissioner Leaves to Head Alcohol and Tobacco Commission



**STATE HEALTH COMMISSIONER** Greg Wilson, M.D. presents departing Deputy State Health Commissioner Mary DePrez with the State Health Commissioner Award at an October 18 reception that DePrez scheduled to recognize all ISDH employees.

*Photo by Daniel Axler*



MARY DEPREZ' letter (above) is addressed to all ISDH staff.

Mary DePrez, who served almost two years as Deputy State Health Commissioner, has taken on new responsibilities as Chairperson of the State Alcohol and Tobacco Commission. Governor Frank O'Bannon announced his selection of DePrez October 12. DePrez' last day of work at the State Department of Health was October 19.

Following the Governor's announcement, DePrez, in a convention-bucking announcement of her own, e-mailed all ISDH staff of her intention to hold a reception to honor them. A crowded reception was held October 18. She also sent staff a parting letter, which appears with this article.

At the reception, State Health Commissioner Greg Wilson, M.D. honored DePrez with the State Health Commissioner Award.

ISDH's assistant commissioners who head the agency's five commissions and who have worked most closely with the Deputy Commissioner were asked by the *Express* to comment on their working relationship with DePrez.

**Joni Albright, assistant commissioner, Community Health Development Services:**

*My best memory of Mary is when she would look at me and say, "Joni, I don't understand a single thing you are saying." Then, while reframing my thoughts, I would know the answer to my question. This turned out to be a superb way of decision making. Mary is one of those rare people who are confident in what they do know and therefore have the ability to admit what they don't know.*

**Gerald Coleman, assistant commissioner, Health Care Regulatory Services:**

*Mary has been an extremely supportive leader, giving guidance where needed, but also allowing managers to manage. I have been most impressed with her willingness to not just listen to a problem, but to help solve it. I certainly believe that she has helped the agency move forward. She will be greatly missed.*

**Joe Hunt, assistant commissioner, Information Services and Policy:**

*I have always found Mary to be very helpful in working through tough decisions, discussing and assessing options and then crafting the presentation of our decision to explain clearly the rationale for the decision. She has provided balance between following the rules and accommodating the vagaries inherent in working with so many people inside and outside the agency in a complicated environment.*

**Chris Stamm, assistant commissioner, Operational Services:**

*Margaret Thatcher once stated that being in power is like being a lady. If you have to tell people you are, you aren't. Mary's consistent ability to influence others to accomplish goals will continue to be an inspiration to me in my career and life. Her ability and skills to lead others by influence and asking the right questions are talents that most managers and people "in charge" can only dream of. It was a pleasure to work with her.*

**Wendy Stoelting-Gettelfinger, assistant commissioner, Children and Family Health Services:**

*During the short time that I was able to work with Mary as an Assistant Commissioner, I really appreciated her ability to problem solve and generate solutions. The ISDH will miss her and we wish her well in her new job opportunity.*



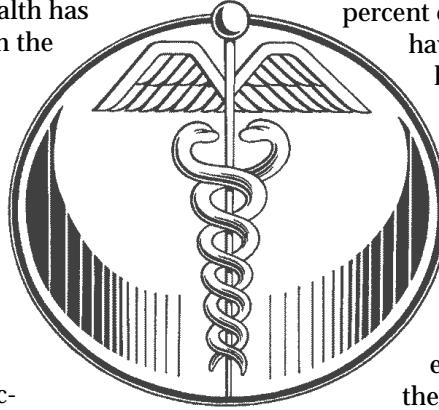
# CDC Awards Arthritis Grant to ISDH

The Indiana State Department of Health has received a grant award of \$100,000 from the Centers for Disease Control and Prevention's Division of Adult and Community Health Care and Aging Studies Branch, Arthritis Section.

The State Department of Health will use the funding to develop and implement the Indiana Arthritis Initiative. This program, which will be housed within the Chronic Disease Division of the State Department of Health, will build a statewide infrastructure to reduce the impact of arthritis and other rheumatic conditions.

"The State Department of Health has numerous partners who will assist in implementing the Indiana Arthritis Initiative, which will target people already affected by arthritis to prevent disability and improve their quality of life," said State Health Commissioner Greg Wilson, M.D.

It is estimated 25 percent of Hoosiers aged 18 and older have been diagnosed with arthritis. The 2000 Behavioral Risk Factor Surveillance System found approximately 32



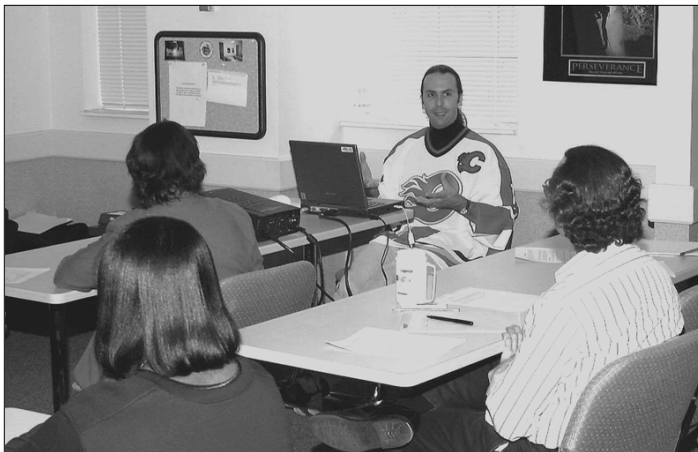
percent of people in Indiana between ages 35 and 54 have been told by a health professional that they have arthritis. Nationally, the medical and social costs associated with arthritis total \$65 billion. More than seven million Americans are limited in their ability to participate in their normal daily activities, such as going to school or work, simply because of arthritis.

During its first year, the major goals of the Indiana Arthritis Initiative will be to establish an advisory committee, determine the extent of arthritis by collecting Indiana data, and then to write a state plan for the arthritis initiative to be implemented during the second year.

The advisory committee will include representatives of the Indiana Arthritis Foundation, the Department of Public Health at the Indiana University School of Medicine, and the Indiana University National Center for Excellence in Women's Health.

The total cost of the first year of the Indiana Arthritis Initiative will be financed by the federal grant. The funding will be used for program staff and other operational costs.

## Search Engine 'Math' Makes Short Work of Finding Info



**MARC LOCASCIO, ITS**, demonstrates math wizardry to help seminar attendees become more proficient in making targeted searches of the Internet.

*Photo by Daniel Axler*

Marc LoCascio, Information Technology Services, put on a demonstration of his wizardry October 12 to help wizard wannabe's learn the intricacies of the accurate—and fast—Internet search.

LoCascio called his session "Search Engine Math" because knowledgeable use of plus and minus signs can help narrow Internet searches. When using plus signs typed between search terms

and entered into a "find" dialog box, a search engine will only return Internet sites that contain every one of the terms. In the past, without the plus signs, the engine would return all entries that had any one of the words, often returning so many entries as to make wading through them all highly impractical

and excessively and unnecessarily time consuming.

Today, thanks to "auto-phrase detection," a feature of the current batch of updated search engines, the plus sign is no longer needed—it's automatically entered, performing the same function as if the pluses had been typed in.

Entering a search including the terms "osteoporosis, pharmaceutical,

and unnecessary" brings up a list of approximately 2,000 Web site entries, each of which includes all three terms.

LoCascio points out, the minus (-) sign can be very useful in removing unwanted entries. For example, if you were searching for references for information that discuss male osteoporosis but want to reduce the possibility of wading through all the articles on female osteoporosis, one might type an entry like, *male men osteoporosis -female -women*. The difference between typing in the term *osteoporosis*, alone, and the targeted entry above would be 167 contacts versus approximately 721,000.

LoCascio advises "When typing in the minus (-) sign remember to leave a space before and none between the sign and the term following it."

When asked to identify his favorite search engine, LoCascio said, "It depends on what I'm looking for. If I have a general idea about a search topic, then I like Yahoo. If I know exactly what I'm looking for, then I prefer Google—<http://www.google.com>."

# 'Making Strides' Raises Breast Cancer Awareness

Carol Case, Breast and Cervical Cancer Division, organized this year's ISDH TEAM SPIRIT initiative to rev up agency participation in the Making Strides Walk held October 13.

The walk was coordinated by the American Cancer Society with the sponsorship of nine local corporations including one TV station, two radio stations, and a monthly magazine.

Case views the Making Strides walk as the fall counterpart of *Race for the Cure*, held every spring. Both raise funds for breast cancer examinations, advertising, and research.

Case was accompanied by her daughter Kelly Henderson, and early on race day she had an ISDH Team Spirit card in hand to attract other ISDH participants to the team effort.

Overall, Case estimates that 1,500 to 2,000 walkers arrived at Military Park for the 3.5 mile walk in downtown



**EARLY BIRD WALKER CAROL CASE**, ISDH Breast and Cervical Cancer Division, (left) and her daughter Kelly (right) hold ISDH TEAM SPIRIT signs to bring ISDH walk supporters together.

Indianapolis. Case says that seven or eight ISDH employees were present to support the walk.

Promoting and coordinating employee participation in the Making Strides walk isn't Case's only involvement with the fight against breast

cancer. She is one of eight regional coordinators who assure that personnel in agencies contracted by the Indiana State Department of Health are able to carry out their function of performing mammograms and pap smears for eligible clients (see below).

## October is National Breast Cancer Awareness Month

October is National Breast Cancer Month.

Since this observance began in 1985, mammography rates have more than doubled for women age 50 and older. Moreover, since 1992, breast cancer deaths have declined by 1.8 percent each year.

Health officials say this is important progress. However, there are still women who do not take advantage of early detection at all and others who do not get screening mammograms and clinical breast exams at regular intervals:

- Women below poverty level are less likely than women at higher income levels to have had a mammogram within the past two years (44 percent versus 65 percent, respectively).
- Hispanic/Latino women have fewer mammograms (58 percent) than Caucasian women (68 percent) and African-American women (68 percent).
- Mammography use increased between 1989 and 1997 for all groups except American Indians and Alaskan

Natives.

One reason that women may not access annual cancer screenings is that they do not have insurance or their insurance will not cover mammograms, and they simply cannot afford to pay for these important tests.

Fortunately, the Indiana State Department of Health's Breast and Cervical Cancer Program (BCCP) can pay for clinical breast exams, mammograms, and some breast diagnostic tests, as well as Pap tests, for women who meet certain age and income requirements.

Women who are at or below 200 percent of the federal poverty level (approximately \$35,000 yearly income for a family of four) would meet the income guidelines for the BCCP. Women between 50 and 64 years of age, or younger women with symptoms of breast cancer, meet the age requirements for breast screenings through the BCCP. Younger women may also qualify for the free cervical screenings. Women with insurance that will pay for the screenings, including Medicare or Medicaid, would not qualify for the BCCP.

Medical providers across the state are partnering with the BCCP, so that all eligible Hoosiers are not more than a one-hour drive from a screening site.

For a complete listing of covered services, eligibility requirements, or participating providers, contact the Indiana Family Helpline at V/TDD 1-800-433-0746 or access the BCCP Web site, at <http://www.statehealth.IN.gov/programs/bccp>.



Indiana State  
Department of Health

**Express**

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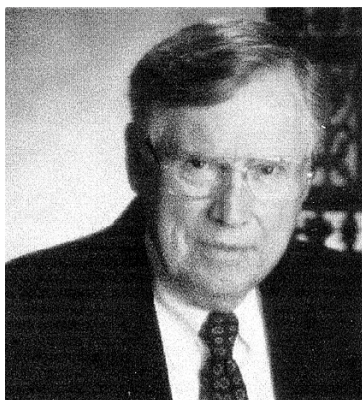
**Gregory A. Wilson, M.D.**  
State Health Commissioner





## Health Officer Recalls Founding and History of Academy of Family Practice

Eugene M. Gillum, M.D., Jay County's health officer since 1956, recently offered some colorful observations on the subject of the founding and evolution of the American Academy of Family Practice and the development of the continuing medical education credit (CME).



**EUGENE M. GILLUM, M.D.**  
Jay County Health Officer

Dr. Gillum gained distinction through his involvement as an early member of the American Academy of Family Practice.

"The Academy was formed as a necessity after the end of World War II, Dr. Gillum said.

"To serve the war effort, physicians had been taken out of their practices in 1941 or '42 for three or four years.

"An enormous number of new technological developments occurred during the war, like antibiotics and all kinds of changes with anesthesia," Dr. Gillum said.

If a doctor were stuck out on some island in the South Pacific, he couldn't keep up with all of the changes.

"When physicians returned, many felt desperate to get updated on current procedures. The Academy was started by a group of these physicians as a re-education device for themselves and their colleagues coming out of the military; that was the reason for its existence," Dr. Gillum said.

As an outgrowth of those beginnings, today, a doctor must complete a minimum of 150 hours of certified continuing medical education every three years to remain a member of the Academy.

Dr. Gillum became an early member of the Academy. It wasn't long before he began participating in reviewing and

approving courses for the Academy.

Shortly after its founding, Dr. Gillum says the Academy quickly realized it had to get control of course curriculum. That meant that anyone advertising a program for family practitioners had to have a family practitioner involved with the planning because a course

on stroke for cardiac surgeons could be quite different than a course designed for family practitioners. The Academy's involvement reviewing course content also helped family practitioners avoid making expensive mistakes signing up for courses either poorly constructed or not applicable to their needs.

And there was abuse. Before the Academy gained control, it was not uncommon for courses to be offered to promote a cruise or a family skiing weekend where an hour of classroom time could be combined with several days of recreation. In some instances, courses were promoted and provided by pharmaceutical companies without identifying their sponsorship. Dr. Gillum says that once the Academy gained control of the curriculum and set down advertising rules, all of that changed.

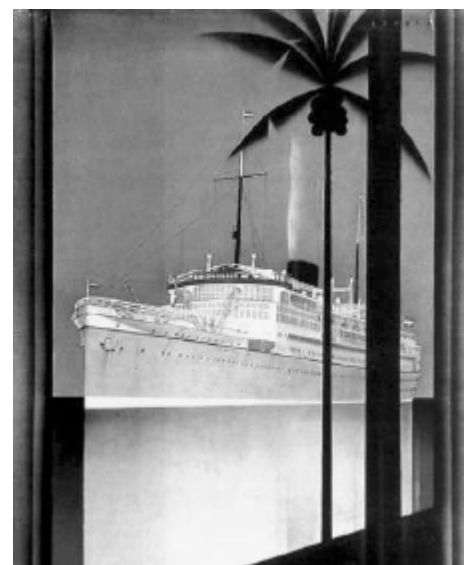
"For the first 20 years of the Academy's existence, we were on our own, but then in about 1968-69, the AMA got heavily involved in promoting continuing medical education. It was then that the various medical specialties began forming academies modeled after the Academy of Family Practice."

Dr. Gillum says that there are now about 28 different academies represent-

ing the medical specialties, like dermatology, orthopedics, and optometry. He believes that 27 of the 28 specialties require membership in their academies.

A practice of the academies had been to seek AMA approval for training. This worked well for Indiana, being in close proximity to the AMA headquarters in Chicago. Eventually, however, as the volume of requests became heavier, the AMA asked state medical societies to individually take on the burden of setting up the structure for reviewing and approving courses for AMA-approved educational credit. It was then, due to his early and continuing Academy expertise, that Dr. Gillum was asked by the Indiana Medical Society to help set up the structure for the Society and chair the committee that was to review continuing medical education (CME) programs in Indiana.

See **ACADEMY**—reverse side



**CRUISE**, ski, or golfing vacations of yesteryear that were combined with one or two continuing medical education (CME) credit hours might have met the IRS requirements for a business expense, but many would not meet today's stringent standards for educational content imposed by the American Academy of Family Practice, according to Dr. Gillum.

"We set up the structure for reviewing the courses but didn't pick them; that was left up to the individual specialty," Dr. Gillum said.

The CME committee comprised representation of all the specialties with good geographical state coverage by the members. When a training was held, some member of the committee would drive to wherever it was scheduled, whether in Ft. Wayne or Evansville.

"Committee members would observe and listen during on-site surveys, to see that course organizers did what they said they were going to do," Dr. Gillum noted.

Dr. Gillum says he continued as chairman of the Continuing Medical Education (oversight) Committee for 17 years, eventually deciding to resign to give another physician a chance to serve. Stephen Jay, M.D., now associate dean and chair of the Department of Public Health at the I.U. School of Medicine, succeeded Dr. Gillum.

Since Indiana was one of the first state medical societies with a CME program, it was natural for other states without any experience to seek Indiana's expertise. Dr. Gillum recalls his invitation from the State of Nevada medical society to set up their CME program. During that process he remembers returning to Nevada several times to monitor CME implementation to assure the job was "done right."

Some 20 states require continuing medical education for doctors. Indiana is not one of them. Tongue in cheek, Dr. Gillum said, "The idea of (some politicians for requiring) continuing medical education was that if you got enough CMEs, doctors would learn not to leave sponges inside patients. Some of the reasons were dumb, but the politicians were determined to make the doctors go back to school."

He says the problem with uniform mandatory testing is that family practice can vary significantly; his was heavy in obstetrics, but others have no obstetrical practice at all.

Dr. Gillum's health education pursuits are not completed. As county health officer, he intends yet to make dramatic improvements in Jay County public health education, but that's a future *NewsLink* story.

# Local Agencies Join ISDH to Co-sponsor Wellness Events

Valparaiso, Richmond, Wabash, and Terre Haute have already experienced one; Elkhart, and Jasper are on the list.

Before the end of the year, these communities, at all points of the compass from Indianapolis, have either co-sponsored or are about to co-sponsor one of the all-day *Wellness: Any Age, Any Size* workshops conducted by Mark Laker, Local Liaison Office.

"Mark has a passion for inspiring human service professionals to help themselves and their clients to vibrant healthy living, and he's got a wealth of ideas on how to do it," said Hazel Katter, Local Liaison Office director.

The agencies sponsoring his wellness workshops have included the St. Agnes Adult Day Center in Valparaiso; the Vernon Manor Children's Home in Wabash; the Cooperative Extension Service and Independent Living Center in Richmond; and the Mental Health Association of Vigo County in Terre Haute.

Elkhart General Hospital will co-sponsor a workshop in November, and Memorial Hospital in Jasper will partner with ISDH in December.

Laker tells workshop participants that for wellness to become integrated in one's lifestyle, people should be helped to recognize that dwelling on guilt, self-loathing, or fear is, by definition, unhealthy, because it diminishes wellness and tends to counteract the positive efforts an individual makes.

"We don't want anybody feeling guilty, because when they do that their self-esteem goes way down," Laker noted. The workshop specifically addresses "fat fear" and society's pervasive moral tone, which tends to make people feel lousy and disinclined to take the proactive approach to wellness that Laker favors.

"We want to give helping professionals resources on wellness, so they're aware of the books and reading materials available," Laker said. Educational materials earmarked include the pursuit of "healthy pleasures," a longevity strategy, the meaning of active wellness, and getting participants to think about what

wellness factors they can pursue to reach age 100.

The workshops get into holistic factors that include many dimensions of wellness. Each workshop identifies those things that promote and sustain wellness, especially those lifestyle factors under control of each person, like nutritional awareness and physical fitness. The importance of other factors, like attitudes, beliefs, and emotional response patterns are also identified.

Values that support wellness are addressed, like possessing a positive outlook, a sense of purpose, self-responsibility, a commitment to the well-being of oneself and others, and not taking oneself too seriously, which supports a sense of humor and balance.

All of these improve one's ability to cope with adversity naturally, without dwelling on it, according to Laker.

And there are plenty of interactive materials to get participants reflecting on what they think and how they behave. Each participant completes a "Power Tools" self assessment to reveal continuing or new personal wellness initiatives and has an opportunity to participate in two break-out discussion sessions.

For participants completing the workshop, an added attraction is certified CEU credit approved by the National Association of Social Workers, Indiana Chapter; the Health Administrators Association; and the Activity Directors Association.



Indiana State  
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**NewsLink**

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